

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LW	68904	3/23/00
O.I.P.E. CLASSIFIER		16	3 29. 00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3/23/00
2	✓	✓	3/23/00
3	✓	✓	3/23/00
4	✓	✓	3/23/00
5	✓	✓	3/23/00
6	✓	✓	3/23/00
7	✓	✓	3/23/00
8	✓	✓	3/23/00
9	✓	✓	3/23/00
10	✓	✓	3/23/00
11	✓	✓	3/23/00
12	✓	✓	3/23/00
13	✓	✓	3/23/00
14	✓	✓	3/23/00
15	✓	✓	3/23/00
16	✓	✓	3/23/00
17	✓	✓	3/23/00
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49	✓	✓	3/23/00
50	✓	✓	3/23/00

Claim	Final	Original	Date
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52	✓	✓	3/23/00
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99	✓	✓	3/23/00
100	✓	✓	3/23/00

Claim	Final	Original	Date
101	✓	✓	3/23/00
102	✓	✓	3/23/00
103	✓	✓	3/23/00
104	✓	✓	3/23/00
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110	✓	✓	3/23/00
111	✓	✓	3/23/00
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113	✓	✓	3/23/00
114	✓	✓	3/23/00
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147	✓	✓	3/23/00
148	✓	✓	3/23/00
149	✓	✓	3/23/00
150	✓	✓	3/23/00

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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